



Federal Election Commission

Conference for Trade Associations, Membership Organizations and Labor Organizations

June 8-9, 2010

DoubleTree Crystal City Hotel
Arlington, VA

CONFERENCE REGISTRATION FORM

Name: _____

Position: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ E-mail Address: _____

Fax Number: _____ Years of Federal Campaign Finance Law Experience: _____

Special Requests/Dietary Needs: _____

☐ Please check here if you are attending this conference to comply with an ADR settlement or other FEC enforcement agreement.

Breakout Selections:

Tuesday, June 8 AM Breakout (Choose One): *(Do not choose Option A2 unless you have previously attended an FEC conference.)*

☐ Option A1: Getting Started: Basics for Beginners

☐ Option A2: Legal Issues—Recent Developments in Federal Campaign Finance Law

Team Workshops for June 8-9 (Choose the organization you represent):

☐ Option B1: Trade Associations

☐ Option B2: Membership and Labor Organizations

Wednesday, June 9 AM Breakout (Choose One):

☐ Option C1: The Three R's: Recording, Reporting and Responding

☐ Option C2: Beyond the PAC: Trade/Labor/Membership Communications

Wednesday, June 9 PM Breakout (Choose One):

☐ Option D1: Beyond the PAC: Use of Facilities and Resources

☐ Option D2: Best Practices in Committee Management

Payment:

Mail registration form and fee (\$499 per attendee, which includes a \$25 non-refundable transaction fee) to Sylvester Management Corporation, P.O. Box 986, Irmo, SC 29063. A late charge of \$51 will be added for registrations received after 5 p.m. EDT, May 7, 2010. A full refund will be made for all cancellations received before that date and time. If paying by check, please make check payable to Sylvester Management Corporation; note *FEC 2010 Trade/Member/Labor Conference* on the memo line. Credit card payments will appear on your statement as paid to Sylvester Management Corporation. For credit card payments, please complete the information below:

I authorize payment to my credit card: ☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____ 3 or 4-digit Security/VCode (on back of card) _____

Signature of Cardholder: _____

Billing Address: _____

City/State/Zip: _____ E-mail address of Cardholder: _____

To register by fax, fax filled-out registration form and credit card payment information to (803) 732-0135.

To register online, visit <http://www.fec.gov/info/conferences/2010/tradememberlabor10.shtml>

Print Form